

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000069163**

1. Entity Name  
MAGDALENE INSURANCE GROUP, INC.



Principal Place of Business  
606 E VINE STREET  
KISSIMMEE, FL 34744 US

Mailing Address  
606 E VINE STREET  
KISSIMMEE, FL 34744 US



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3529570

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASTACIO, ERCILIO  
613 HACIENDA CIRC  
KISSIMMEE, FL 3474

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASTACIO, ERCILIO
STREET ADDRESS	613 HACIENDA CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	VP
NAME	ASTACIO, NANCY
STREET ADDRESS	613 HACIENDA CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	SEC
NAME	ASTACIO, KATIA S
STREET ADDRESS	613 HACIENDA CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	T
NAME	ASTACIO, KAREN
STREET ADDRESS	613 HACIENDA CIRC
CITY-ST-ZIP	KISSIMME, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000716936  
04/30/07-80028-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #